

THE OTTAWA HOSPITAL/L'HÔPITAL D'OTTAWA

MEDICAL, DENTAL & MIDWIFERY BY-LAW

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THE OTTAWA HOSPITAL/L'HÔPITAL D'OTTAWA
MEDICAL, DENTAL AND MIDWIFERY BY-LAW

WHEREAS The Ottawa Hospital/L'Hôpital D'Ottawa is a duly constituted corporation under the *Corporations Act* (Ontario); and

WHEREAS the object of the Corporation is to operate The Ottawa Hospital/L'Hôpital d'Ottawa as a public hospital approved under the laws of the Province of Ontario; and

WHEREAS it is expedient for the Corporation, through its by-laws, to so regulate the medical, dental and midwifery activities of The Ottawa Hospital - L'Hôpital d'Ottawa, as will best assure the accomplishment of its Vision, Mission and Core Values (as defined herein);

NOW THEREFORE the following is adopted as the Medical, Dental and Midwifery By-Law of The Ottawa Hospital/L'Hôpital d'Ottawa.

PART I INTERPRETATION

Section 1 DEFINITIONS

In this By-law:

- (a) "Act" means the *Public Hospitals Act* (Ontario).
- (b) "Active Staff", "Assistant Staff", "Associate Staff", "Consulting Staff", "Courtesy Staff", "Fellows", "Honorary Staff", "House Staff", "Scientific Research Staff", "Scientific Staff", "Senior Staff", "Scholars" and "Locum Tenens" are categories of Medical Staff, Dental Staff or, as applicable, Midwifery Staff, as more fully defined in this By-law.
- (c) "Administrative By-law" means the by-law of the Hospital relating to administrative matters.
- (d) "Administrator Responsible" means the individual appointed by the Chief Executive Officer/President of the Hospital with responsibility for the administrative activity or activities described in the relevant provisions of this By-law.
- (e) "Affiliation Agreement" means the Agreement to be entered into between the Corporation and the University of Ottawa, following the Amalgamation, relating to the teaching and clinical research functions integrated in the Hospital as contemplated in the Vision, Mission and Core Values.

- (f) “Amalgamation Date” means the date upon which the Amalgamating Hospitals are amalgamated as set forth in the letters patent of amalgamation of the Hospital issued pursuant to the *Corporations Act* (Ontario).
- (g) “Board” means the Board of Governors of the Hospital which is the governing body of the Hospital.
- (h) “By-laws” means this Medical, Dental and Midwifery By-law, the Administrative By-law and all other by-laws of the Corporation.
- (i) "Chief Executive Officer/President" means the person who has the direct and actual superintendence and charge of the Hospital.
- (j) "Chief of Staff" means the person appointed by and responsible to the Board for the quality of medical care in the Hospital.
- (k) “Deputy Chief of Staff” means the person appointed by the Board who supports the Chief of Staff, and who acts on behalf of the Chief of Staff in his/her absence.
- (l) "Committee” means a committee of the Medical Staff established by the Medical Advisory Committee.
- (m) “Committee Responsible” means the Committee responsible for the activity or activities described in the relevant provision of this By-law.
- (n) "Corporation" means the corporation amalgamated by the Letters Patent under the *Corporations Act* (Ontario) and named The Ottawa Hospital/L'Hôpital d'Ottawa, with a head office at 1053 Carling Avenue, Ottawa, Ontario.
- (o) “Dental Staff” means:
 - i) the oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for or treating patients in the hospital; and
 - ii) the dentists to whom the Board has granted the privilege of attending patients in the hospital in co-operation with a member of the medical staff.
- (p) “Dentist” means a member of the Royal College of Dental Surgeons of Ontario.
- (q) “Oral and Maxillofacial Surgeon” means a dentist who holds a specialty certificate from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery.
- (r) “Department” means a specific field of medical, dental or midwifery care or service as

defined in this By-law and “Department Head” has a corollary meaning.

- (s) “Division” means one or more units within a Department and “Division Head” has a corollary meaning.
- (t) “Hospital” means The Ottawa Hospital/L'Hôpital d'Ottawa.
- (u) “Medical Advisory Committee” means the Medical Advisory Committee described in Section 43.
- (v) "Medical Staff" means the physicians to whom the Board has granted the privilege of diagnosing, prescribing for or treating patients in the Hospital.
- (w) "Medical Policies" means the rules, policies and procedures governing the practice of medicine, dentistry or midwifery in the Hospital generally or in a particular Department, Division or Service Unit which have been established by the Medical Staff, Dental Staff or Midwifery Staff and approved by the Board on the recommendations of the Medical Advisory Committee.
- (x) "Midwifery Staff" means the midwives to whom the Board has granted the privileges of assessing, monitoring, prescribing for or treating patients in the Hospital.
- (y) “Professional Advisory Committee” means the committee established to enhance the quality and consistency of patient care across campuses, to support and enhance the accountability for professional practice as well as facilitate the implementation of a multi-disciplinary model of care.
- (z) “Retirement Plan” means a written statement by the physician of his/her intention to retire from practice, including dates and timelines for withdrawal or change in clinical, teaching or research activities/duties.
- (aa) "Service Unit" means a multi-departmental and divisional group of physicians, dentists or midwives organized to provide a clinical service in an area of mutual interest and "Service Unit Head" has a corollary meaning.
- (bb) “Vision, Mission and Core Values” means the document entitled “Vision, Mission and Core Values” recommended by the Steering Committee.
- (cc) “University” means the University of Ottawa.
- (dd) Except as otherwise herein provided, the words and expressions defined in the Act shall have the same meaning when used in this By-Law; words indicating the singular number shall include the plural and vice versa; words indicating the holder of an office in the

Hospital include a duly authorized delegate, unless otherwise indicated or prohibited by-law and words indicating the male gender shall include the female gender and vice versa.

- (ee) Unless otherwise indicated, the provisions of Part II of this by-law apply to the Dental Staff and Midwifery Staff and the terms “physicians” and Medical Staff members shall read “dentists” and “midwives”; and Dental Staff members and Midwifery Staff members, respectively.

PART II MEDICAL STAFF

Section 2 QUALIFICATIONS AND CONSIDERATIONS

- (1) Before being appointed or reappointed to the Medical Staff, an applicant shall be licensed to practice medicine in the Province of Ontario and have medical liability protection coverage acceptable to the Board.
- (2) (a) One of the following additional qualifications shall be required:
- (1) (i) certification by the College of Family Physicians of Canada; or
 - (ii) certification by the Royal College of Physicians and Surgeons of Canada;
or
 - (iii) in disciplines that do not come under the supervision of any recognized examining body, an applicant may be appointed to the Medical Staff with privileges in a specialty, provided that the applicant's training, research or teaching experience are of a quality, scope and duration acceptable to the Medical Advisory Committee following study and recommendation by the Department Head concerned and the Committee Responsible for assessing credentials.
- (2) Where acceptable to the Board, upon recommendations of the Medical Advisory Committee and the Department Head, Division Head and Service Unit Head, if applicable, concerned:
- (i) qualification by medical examination bodies in other jurisdictions where such examining bodies are comparable to those described above;
 - (ii) a Ph.D. or equivalent from a recognized university;
 - (iii) in the absence of formal qualifications, recognition of excellence, clinical care experience and/or scholarship in the provision of health care; or

- (iv) Royal College of Physicians and Surgeons of Canada academic certification document or equivalent.
- (3) The following shall be considered in recommending upon the appointment or reappointment to the Medical Staff:
- (i) the Medical Human Resources Plan of the Hospital;
 - (ii) the Vision, Mission and Core Values of the Hospital;
 - (iii) the applicant's training, expertise and proposed contribution and how these fit into the Hospital's clinical and academic priorities;
 - (iv) the existence of a defined need in the Hospital for the role to be filled by the applicant with his or her specific skills;
 - (v) an approved impact analysis plan with regard to the new applicant;
 - (vi) the attitude, skills, knowledge and experience of the applicant and his or her ability to work in a collaborative and effective manner with other health care professionals;
 - (vii) the department and/or division's clinical and academic practice plan pursuant to section 12 (1) of this By-Law, if applicable, and whether such plan allows for sufficient recruitment of new members of the Medical Staff by the Hospital;
 - (viii) a clinical performance review, the nature and scope of which shall be determined by the applicant's Department Head and the Chief of Staff of the Hospital of an applicant for reappointment; and
 - (ix) the recommendation of the applicant's Department Head or proposed Department Head and the recommendation of the Executive Medical Advisory Committee.

Section 3 APPLICATION PROCEDURE FOR FIRST APPOINTMENT

- (1) The Chief Executive Officer/President of the Hospital shall supply a copy of this By-law and any other by-laws of the Hospital, the Medical Policies of the Hospital, the Act and the Hospital Management Regulations made under the Act, together with the prescribed forms for application, to each physician who expresses, in writing, an intention to apply for membership on the Medical Staff for the first time.

- (2) An applicant for membership on the Medical Staff shall submit his or her written application on the prescribed form to the Chief Executive Officer/President.
- (3) Each application shall contain:
 - (a) a statement by the applicant that he or she has read the Act, this By-law, the Medical Policies of the Hospital and, if appropriate, the Affiliation Agreement with the University;
 - (b) an undertaking to support and respect the Vision, Mission and Core Values of the Hospital;
 - (c) an undertaking that if the applicant is appointed to the Medical Staff of the Hospital, the applicant will act in accordance with the requirements set out in this By-Law and the Medical Policies of the Hospital, and will act in accordance with ethical standards of the profession as established by the College of Physicians and Surgeons of Ontario;
 - (d) an undertaking that the applicant will serve on committees or subcommittees to which he or she is appointed by the Board or the Medical Advisory Committee;
 - (e) a list of the privileges which are requested;
 - (f) proof of current membership in the Canadian Medical Protective Association or other medical liability practice protection coverage acceptable to the Board with liability coverage appropriate to the scope and nature of the intended practice;
 - (g) in the case of an application for appointment as a member of the Assistant Staff, a term contract with the Hospital or a delegate of the Hospital or an officially associated organization;
 - (h) a current certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario and a consent addressed to the Registrar of the College authorizing the release of information concerning the applicant to the Hospital;
 - (i) an up-to-date curriculum vitae;
 - (j) a list of three appropriate referees, including their addresses and telephone numbers;
 - (k) information of any previous disciplinary proceeding where there was an adverse finding;
 - (l) information of any civil suit where there was a finding of negligence or battery;

- (m) a signed consent authorizing any medical licensing authority to provide a report on:
 - (i) any action taken by its disciplinary committee; and
 - (ii) whether privileges have been curtailed or cancelled by any medical regulatory body or by another hospital because of incompetence, negligence or any act of professional misconduct;
 - (n) a signed consent authorizing the administrator and the senior medical authorities of any institution, and heads of medical service or similar medical authority of any institutions where the applicant has held medical staff or training appointments, as identified in such consent, to release such information as might be required to permit the Medical Advisory Committee to consider the applicant's suitability for Medical Staff membership;
 - (o) the written approval of the appropriate Department Head, and, if applicable, Division Head and Service Unit Head; and
 - (p) a list of resources needed that will enable preparation of a resource impact analysis.
- (4) Upon receipt of a completed application the Chief Executive Officer/President shall acknowledge its receipt and shall immediately refer it to the Medical Advisory Committee and inform the Administrator Responsible and the appropriate Department Head and, if applicable, the Division Head and Service Unit Head, and the chair of the Committee Responsible for assessing credentials that such an application has been received.
- (5) Upon being informed of the receipt of an application, the Committee Responsible for assessing credentials shall review all the materials received in the applicant's application and, following such review, shall report to the next meeting of the Medical Advisory Committee as to its assessment of the applicant's qualifications, professional experience, competence and professional reputation and whether these are compatible with the privileges requested.
- (6) The Medical Advisory Committee shall:
- (a) receive and consider forthwith the report of the Committee Responsible for assessing credentials;
 - (b) pursuant to the Act, make a written recommendation to the Board on the appointment, privileges and staff category, within 60 days of the date of receipt by the Chief Executive Officer/President of the Hospital of a complete application; and

- (c) if the Committee Responsible for assessing credentials concurs, recommend that a newly selected Department Head, Division Head or Service Unit Head may be appointed to the Active Staff despite section 3(13).

- (7) Notwithstanding section 3(6), the Medical Advisory Committee may make its recommendation later than 60 days after the date of receipt of the application if, prior to the expiry of the 60 day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such 60 day period and gives written reasons therefor.
- (8) The Medical Advisory Committee shall give written notice to the applicant and the Board of its recommendation, and shall inform the applicant that he or she is entitled to:
 - (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the receipt by the applicant of notice of the recommendation; and
 - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt, by the applicant, of the written reasons referred to in section 3(8)(a).
- (9) Where the applicant does not request a hearing by the Board within the time limit referred to in section 3 (8)(b) hereof, the Board may implement the recommendation of the Medical Advisory Committee.
- (10) Where an applicant requests a hearing by the Board within the time limit referred to in section 3 (8)(b) hereof, it shall be dealt with in accordance with the applicable provisions of the Act.
- (11) In addition to any other grounds and in addition to any other provisions of this By-Law, the Board may refuse a first appointment or a request for change in privileges to the Medical Staff on any of the following grounds:
 - (a) The appointment is not consistent with the need for services as determined by the Hospital's medical human resource plan; and
 - (b) The Hospital does not have sufficient resources to accommodate the applicant.
- (12) Subject to sub-section 37(2) of the Act, each first appointment shall be for a term until the later of:
 - (a) the end of the fiscal year in which such appointment is made; and
 - (b) the date on which the Board appoints the Medical Staff for the following fiscal year.

- (13) With the exception of applications for appointment to Assistant Staff, Consulting Staff, Courtesy Staff, Fellows, Honorary Staff, House Staff, Senior Staff and Scholars, and, except as contemplated in Section 3(6)(c), the first appointment of applicants shall be to Associate Staff.

Section 4 REAPPOINTMENTS

- (1) (a) The Board shall annually require that each member of the Medical Staff make written application, to the Chief Executive Officer/President to the Board, for reappointment to the Medical Staff.
- (b) Each application for reappointment shall comply with the provisions of sections 3(3)(a) to (g), and, if requested by the Chief Executive Officer/President, (h), *mutatis mutandis*.
- (c) Each application for reappointment shall contain a record or report of any additional professional qualifications acquired by the applicant since the previous application and shall also include a request for the continuation of, or any change in, the applicant's existing Hospital privileges.
- (d) Each application for reappointment shall have the written approval of the appropriate Department Head, and, if applicable, Division Head and Service Unit Head.
- (e) In the case of an application for reappointment in which the physician requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (f) In the case of an application for reappointment in which the physician wishes to assume, or wishes to terminate the assumption of, formal academic duties, the reappointment must be consistent with the need for services as determined by the Hospital's medical human resource plan.
- (g) Subject to sub-section 37(2) of the Act, each reappointment shall be for a term until later of:
- (i) the end of the fiscal year in which such appointment is made; and
 - (ii) the date on which the Board reappoints the Medical Staff for the following fiscal year.

- (2) The Medical Advisory Committee shall recommend to the Board whether the Board should approve an application for reappointment and in making its recommendation shall deal with the considerations set out in Section 2 (3) of this By-Law.

Section 5 UNIVERSITY AFFILIATION

- (1) The Hospital will grant privileges to physicians who do not assume formal academic duties and for the purposes of appointment or reappointment to the Medical Staff of such physicians, no appointment to the Faculty of Medicine of the University shall be required.
- (2) Physicians who assume formal academic duties shall be required to hold an appointment to the Faculty of Medicine of the University.
- (3) The appointment or reappointment of any physician who holds an appointment to the Faculty of Medicine of the University shall be made in accordance with the Affiliation Agreement.

Section 6 PRIVILEGES

- (1) Subject to section 6(3), a physician shall enjoy only the privileges granted to him or her by the Board and he or she shall perform only the procedures which he or she may be authorized to perform.
- (2) The Medical Advisory Committee shall recommend to the Board the specific privileges to be granted to an applicant for admission to the Medical Staff and the procedures which he or she may be authorized to perform.
- (3)
 - (a) In case of emergency, regardless of his or her departmental or staff status, a physician shall undertake all steps necessary to treat a patient.
 - (b) For the purpose of section 6(3)(a), an emergency is as defined by the *Health Care Consent Act* (Ontario).
- (4)
 - (a) After consultation with each of the Chief of Staff and the Department Head concerned, the Chief Executive Officer/President shall have the authority to grant temporary privileges to any physician who is not a member of the Medical Staff.
 - (b) Such temporary privileges shall extend until the application is resolved by the Board but not for any period in excess of 180 days.

- (c) Any physician to whom such temporary privileges are granted shall be under the supervision of the Department Head concerned or, if he or she is a Department Head, under the supervision of the Chief of Staff.

Section 7 CHANGE IN PRIVILEGES

- (1) Each member of the Medical Staff seeking a change in the privileges which he or she has been granted, or the procedures which he or she is authorized to perform, other than a request for additional privileges at the time of annual reappointment as contemplated at section 4(1)(e), shall submit his or her request for such a change, in writing, on the prescribed form, to his or her Department Head who shall forward it with a recommendation to the Chief Executive Officer/President within one month of receipt.
- (2) A request for a change in the privileges granted to a member of the Medical Staff or the procedures which he or she is allowed to perform shall be dealt with in accordance with sections 3(4) to (11), *mutatis mutandis*.

Section 8 ABSENCES

- (1) Medical Staff members who have hospital responsibilities may apply for leave of absence, sabbatical leave or leave for other reasons through their Department Head in accordance with the Medical Policies.
- (2) When a Medical Staff member has been absent from the Hospital for more than one year on leave of absence, on sabbatical leave, or for any other reason, he or she shall submit a written application for membership as prescribed under section 3.

Section 9 RELINQUISHMENT OF PRIVILEGES

- (1) If a member of the Medical Staff wishes to relinquish his or her privileges, he or she shall provide 90 days notice to the Department Head and the Administrator Responsible. If a Department Head wishes to relinquish his or her privileges, he or she shall notify the Chief of Staff and the Administrator Responsible.
- (2) If a member of the Medical Staff stops participating in all of their regularly planned hospital activities for more than 30 days without notice and without consent of the Department Head, their privileges will be deemed to have been relinquished.
- (3) Upon such notice or abandonment of hospital activities, the Medical Staff member will be

deemed to have relinquished his or her privileges.

Section 10 MID-TERM ACTION

- (1) (a) Pursuant to the Act, the Board may at any time, for cause, revoke or suspend any appointment to the Medical Staff or any other appointment of a member of the Medical Staff to any office in the Hospital.
- (b) Any administrative appointment will automatically terminate upon the revocation or suspension of clinical privileges.
- (2) Upon the advice of the Medical Advisory Committee, the Board may temporarily suspend any member of the Medical Staff for an infraction of this By-law or the Medical Policies.
- (3) (a) The Chief Executive Officer/President, upon the recommendation of the Chief of Staff and the Department Head concerned, may immediately and temporarily suspend any member of the Medical Staff for cause.
- (b) The Chief Executive Officer/President, upon the recommendation of the Vice-Chair of the Medical Advisory Committee or Vice President of Medical Affairs, and the Department Head to which the Chief of Staff is a member may immediately and temporarily suspend the privileges of the Chief of Staff for cause.
- (4) (a) Any member of the Medical Staff or Hospital administration may advance a complaint to the Chief of Staff copied to the Chief Executive Officer/President or, if the member of the Medical Staff with respect to whom the allegation is made is the Chief of Staff, the Deputy Chief of Staff, concerning any alleged violation by a member of the Medical Staff of this By-law or Medical Policies or alleged professional misconduct, incompetence, negligence, or professional incapacity, unethical behaviour, or other conduct giving reasonable cause for complaint.
- (b) The Board may at any time, elicit an undertaking from a physician not to exercise his or her Hospital privileges pending compliance with the sections set out below.
- (c) The Chief of Staff and/or the Chief Executive Officer/President shall be responsible for undertaking and directing the preliminary investigation of a complaint in such a manner as is determined reasonably necessary. Upon receipt of a complaint, the Chief of Staff and/or the Chief Executive Officer/President shall forthwith provide the member in question with advice as to the nature of the complaint and confirmation that the complaint is being handled by way of preliminary investigation.

- (d) Following preliminary investigation, the Chief of Staff and/or the Chief Executive Officer/President, where deemed appropriate, shall place the complaint before the Medical Advisory Committee and report upon the investigation of the complaint.
- (e) Where the complaint and report of the preliminary investigation of the complaint indicates no further action and the complaint is not placed before the Medical Advisory Committee, the member of the Medical Staff in question shall be informed of such decision.
- (f) Where a complaint has been placed before the Medical Advisory Committee, the Executive Medical Advisory Committee shall:
 - (i) receive and consider the complaint and the report of the preliminary investigation, wherein the physician shall be given an opportunity to be heard or in the alternative, to which the physician may submit a written response;
 - (ii) determine what recommendation, if any, is necessary with respect to the privileges of the physician subject of the complaint;
 - (iii) provide to the physician subject of the complaint, its recommendation in writing, the reasons and factual information in support of the recommendation to the Medical Advisory Committee;
 - (iv) convene a meeting of the Executive Medical Advisory Committee to determine and recommend to the Medical Advisory Committee, the appropriate discipline, to which the physician shall be invited, wherein the physician shall be given an opportunity to be heard, or in the alternative, to which the physician may submit a written response; and
 - (v) send its final recommendation in writing to the Board and the physician with respect to the physician's privileges.
- (g) The Board shall, where the physician has not requested to be heard or provided a response as set out in section 10(4) (f):
 - (i) provide the physician with notice of a hearing before the Board, along with recommendations of the Medical Advisory Committee to be taken by the Board with reasons and factual information referable to the reasons; and
 - (ii) convene a hearing before the Board, if requested by the physician, to which the physician shall have the right to appear and make submissions and present other evidence on the question of what decision the Board should make with respect to the recommendation of the Medical Advisory Committee.

- (h) The Board shall, where the physician has been heard as set out in section 10(4)(g), provide the physician with notice of a meeting, wherein it will decide upon a recommendation of the Medical Advisory Committee with respect to the physician's privileges and permit the physician to speak to the recommendation at the meeting.
 - (i) After consideration of the recommendation of the Medical Advisory Committee, the Board shall either implement the recommendation or otherwise deal with the matter and cause the Medical Advisory Committee and the physician to be so advised forthwith in writing.
 - (j) The terms of reference of the hearing shall be as determined by the Board and such a hearing shall not be a hearing as defined in the *Statutory Powers Procedure Act* (Ontario).
- (5) (a) When a member of the Medical Staff is temporarily suspended pursuant to section 10(2) or (3), a special meeting of the Executive Medical Advisory Committee shall be called within 14 days of the suspension.
- (b) The Executive Medical Advisory Committee shall study the circumstances surrounding the suspension and shall either recommend the cancellation of the suspension to the Medical Advisory Committee or refer the matter to the Medical Advisory Committee for further study. The suspended physician shall have the right to be heard.
 - (c) When a suspension is referred to it for further study the Medical Advisory Committee shall recommend to the Board its cancellation or its continuation, for such length of time as the Medical Advisory Committee may find necessary, or such other action as it deems appropriate.
 - (d) Where the privileges of any physician are restricted or cancelled by reason of his or her incompetence, negligence or misconduct, or the physician voluntarily or involuntarily resigns from the Medical Staff during the course of an investigation of his or her competence, negligence or conduct, the Hospital shall report thereon to The College of Physicians and Surgeons of Ontario as required by the Act.

Section 11 GENERAL PROVISIONS

- (1) Where a member of the Medical Staff believes that another member of the Medical Staff is attempting to exceed his or her privileges or is temporarily or permanently incapable of carrying out his or her duties, the belief shall be immediately communicated in writing to the Department Head, Division Head or Service Unit Head concerned and the Chief of Staff, and to the President or Secretary-Treasurer of the Medical Staff, who shall report the matter to the Chief Executive Officer/President forthwith.

- (2) Where the Department Head, Division Head or Service Unit Head concerned, or the Chief of Staff, believes it to be necessary or desirable in the best interest of the patient, he or she shall examine the condition and scrutinize the treatment of any patient in the Hospital and make a recommendation to the physician concerned and, if necessary, to the Medical Advisory Committee.
- (3) Any operation, procedure or other form of patient care performed in the Hospital may be viewed without the permission of the member of the Medical Staff by:
 - (a) the Chief of Staff;
 - (b) any Department Head of the Medical Staff, if the operation, procedure or other form of patient care performed in the Hospital, is one which deals with a condition which comes within the scope of the functions of that Department.
- (4) A Department/Division Head responsible for:
 - (a) When a physician is appointed pursuant to Section 2(2)(2)(iv), to review that physician's quality of clinical care at one month and at three months from the date of commencement of that physician providing clinical care. A copy of these reviews shall be forwarded to the Chief of Staff. Thereafter, such a review shall be done annually at the time the physician reapplies for privileges.

Section 12 RETIREMENT PLANNING

- (1) In accordance with the Hospital's Medical Human Resources Plan, when a member of the Medical Staff reaches age sixty-two (62) years, and annually thereafter, the member shall submit, in writing, a personal clinical and academic practice plan, which includes details of the member's retirement plans (the "Plan"), with the member's reappointment application to the member's Department Head, if the member plans to remain a member of the Medical Staff after he or she attains age 65 years.
- (2) The plan shall indicate the planned date of withdrawal from the Medical Staff and any planned changes in clinical, educational, research or administrative duties prior to withdrawal from the Medical Staff.
- (3) A Department Head shall ensure that each member of his or her department who attains age sixty-two (62) years shall submit the member's Plan with every reappointment application of the member. Failure to include a Plan with every reappointment application of a member who has attained sixty-two (62) years of age will be deemed to be express notice by the member to the Hospital, which the Hospital may rely upon, that he or she will withdraw from the Medical Staff once he or she attains the age of

sixty-five (65) years or, having previously attained the age of sixty-five (65) years, upon his or her next following birthday.

- (4) A copy of all Plans shall be sent by all Department Heads to the Medical Affairs Office.

- (5) A Department Head shall discuss the member's Plan with the member with particular reference to how the Plan deals with the considerations set out in Section 2 (3) of this By-Law. The Plan of the member and how it deals with the considerations set out in Section 2 (3) of this By-Law shall be taken into consideration by the Department Head in making his or her recommendation to the Executive Medical Advisory Committee on the reappointment of the member to the Medical Staff.

Section 13 MEDICAL STAFF CATEGORIES

- (1) The Medical Staff shall be divided into the following categories:
 - (a) Active Staff;
 - (b) Senior Staff;
 - (c) Associate Staff;
 - (d) Honorary Staff;
 - (e) Consulting Staff;
 - (f) Courtesy Staff;
 - (g) Assistant Staff;
 - (h) Scholars;
 - (i) Fellows;
 - (j) Scientific Research Staff;
 - (k) Scientific Staff;
 - (l) House Staff; and
 - (m) Locum Tenens.

Section 14 ACTIVE STAFF

- (1) The Active Staff shall consist of physicians:
 - (a) who have completed satisfactory service as Associate Staff members; or
 - (b) who are appointed pursuant to section 3(6)(c).
- (2) Each member of the Active Staff shall:
 - (a) admit, attend on or provide medical services to patients in the Hospital within the limits of his or her competence and the privileges granted by the Board;
 - (b) be assigned to one or more Departments, Divisions or Service Units of the Medical Staff;
 - (c) undertake such duties in respect of patients classed as emergency cases and patients of out-patient departmental clinics as may be assigned by his or her Department Head or by the Chief of Staff;
 - (d) attend meetings of the Medical Staff, his or her Department, his or her Division, and his or her Service Unit;
 - (e) unless excused by the Medical Advisory Committee, accept committee assignments and attend the meetings of any committee to which he or she may be assigned;
 - (f) be eligible to vote at meetings of the Medical Staff and hold office; and
 - (g) under exceptional circumstances, a physician can be given active staff privileges at two hospitals, only with the agreement of the Chief of Staff and the Department Head of The Ottawa Hospital.

Section 15 SENIOR STAFF

- (1) The Senior Staff shall consist of former members of the Active Staff who retain an active interest in the Hospital and the Medical Staff and who are reappointed:
 - (a) to the Senior Staff pursuant to section 12(6); or
 - (b) at any time, upon request by the member of the Active Staff who has attained the age of 65.

- (2) The Department Heads shall recommend annually, through the Committee Responsible for assessing credentials, the privileges to be granted to physicians of the Senior Staff.
- (3) The Senior Staff shall retain their right to vote and hold office but shall not be required to accept committee assignments.

Section 16 ASSOCIATE STAFF

Extends the appointment to two years with the performance review.
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- (1) The Associate Staff shall consist of all members of the Medical Staff during their first and second appointment terms to the Medical Staff, except those appointed to the Active Staff pursuant to Section 3(6)(c) of this By-Law.
- (2) Each member of the Associate Staff shall:
 - (a) work under the counsel and supervision of an Active Staff member named by the Department Head to which he or she has been assigned by the Medical Advisory Committee;
 - (b) admit, attend on or provide medical services to patients in the Hospital within the limits of his or her competence and the privileges granted by the Board;
 - (c) undertake such duties in respect of patients classed as emergency cases and patients of out-patient departmental clinics as may be assigned by his or her Department Head or by the Chief of Staff;
 - (d) attend meetings of the Medical Staff, his or her Department and, if applicable, his or her Division and Service Unit;
 - (e) be eligible to sit on all Committees except the Medical Advisory Committee;
 - (f) not have the right to vote at general meetings; and
 - (g) not act as Chair of any Committee.
- (3) (a) At the end of the second appointment term to the Medical Staff, the Department Head to whom the Associate Staff member has been assigned shall, after consultation with the Active Staff member who supervised him or her and after an in depth performance review, make a written recommendation, through the Committee responsible for assessing credentials, to the Medical Advisory Committee, concerning the knowledge

and skills demonstrated by the Associate Staff member, the nature and quality of his or her work and whether he or she should be appointed to the Active Staff.

- (b) The Medical Advisory Committee shall either recommend to the Board that the Associate Staff member be appointed to the Active Staff or place the Associate Staff member under the supervision of his or her Department Head who shall not be an Active Staff member under whose supervision the Associate Staff member has already worked, for a further period of six months.
- (c) Subject to Section 16(3)(b) of this By-Law, in no event shall a physician be appointed or reappointed to the Associate Staff for an aggregate of more than two years.

Section 17 HONORARY STAFF

- (1) The Honorary Staff shall consist of:
 - (a) persons appointed in recognition of distinguished services to the Hospital or the health sciences; or
 - (b) former members of the Medical Staff who have retired from active practice but whom the Hospital wishes to recognize for past services.
- (2) Members of the Honorary Staff shall not enjoy any professional privileges in the Hospital.
- (3) Members of the Honorary Staff shall not:
 - (a) be required to attend meetings of the Medical Staff;
 - (b) be required to accept Committee assignments; and
 - (c) be allowed to vote at meetings of the Medical Staff or hold office.

Section 18 CONSULTING STAFF

- (1) The Consulting Staff shall consist of physicians who, because of their special knowledge, skills or experience, the Hospital may, from time to time, wish to consult.
- (2) Members of the Consulting Staff may be granted specific professional privileges, including the admission and care of patients.
- (3) Members of the Consulting Staff shall not:

- (a) be required to attend meetings of the Medical Staff;
- (b) be required to accept Committee assignments; and
- (c) be allowed to vote at meetings of the Medical Staff or hold office.

Section 19 COURTESY STAFF

- (1) The Courtesy Staff shall consist of physicians who have been granted the privileges of visiting patients in the Hospital, and reviewing and making notes in the patient's medical record.
- (2) A Courtesy Staff member shall not have responsibility for the active care of a patient.
- (3) Members of the Courtesy Staff shall not:
 - (a) be required to attend meetings of the Medical Staff;
 - (b) be required to accept Committee assignments; and
 - (c) be allowed to vote at meetings of the Medical Staff or hold office.

Section 20 ASSISTANT STAFF

- (1) Assistant Staff shall consist of physicians who:
 - (a) hold licence to practice;
 - (b) assist in the services of a department/division/service unit with patient care activities defined by the Head of the Department, Division, Service Unit;
 - (c) shall not have admitting privileges; and
 - (d) are upgrading their skills and knowledge in specified departments, divisions or service units under the supervision of an Active Staff member.
- (2) Notwithstanding section 3(12), where applicable, the appointment of an Assistant Staff member shall be for the effective duration of his or her contract and reviewed annually if the contract exceeds one year.

- (3) The appointment or reappointment of an Assistant Staff member, who is a member of the College of Family Physicians of Canada, shall be made after consultation with the Department of Family Medicine.

- (4) Members of the Assistant Staff shall not:
- (a) be required to attend meetings of the Medical Staff;
 - (b) be required to accept Committee assignments; and
 - (c) be allowed to vote at meetings of the Medical Staff or hold office.

Section 21 SCHOLARS

- (1) Scholars shall consist of medical graduates who are fully qualified in a specialization and are continuing their education in a non-clinical field and are appointed on the recommendation of the University with the support of the Chief Executive Officer/President, Department Head and, if applicable, Division Head and Service Unit Head, in accordance with the prevailing arrangements with the University. Appointments of Scholars shall be ratified annually by the Board and, in any case, shall be for a term not in excess of two years.
- (2) Each Scholar shall:
- (a) work under the counsel and supervision of an Active Staff member named by the Department Head to which he or she has been assigned by the Medical Advisory Committee;
 - (b) undertake to attend to the care of assigned patients and treat them within the privileges granted by the Board;
 - (c) undertake such duties in respect of patients classed as emergency cases and patients of out-patient departmental clinics as may be assigned by his or her Department Head or by the Chief of Staff;
 - (d) attend meetings of the Medical Staff, his or her Department and, if applicable, his or her Division and Service Unit; and
 - (e) not be entitled to vote or hold office but may serve on Committees.
- (3) A Scholar may apply for an appointment to the Associate Staff once he or she has completed his or her academic training.

Section 22 FELLOWS

- (1) Fellows shall consist of qualified physicians who are continuing their education in a clinical field who are appointed on the recommendation of the University with the support of the Chief Executive Officer/President, Department Head and, if applicable, Division Head and Service Unit Head, in accordance with the prevailing arrangements with the University. Appointments of Fellows shall be approved by the Board and, in any case, shall be for a term not in excess of one year.
- (2) A Fellow shall not admit or treat patients under his or her own name; all his or her medical acts shall be under the supervision of members of the Medical Staff and he or she may be required to undertake Committee assignments and to participate in appropriate activities of Departments, Divisions and Service Units of the Medical Staff.
- (3) A Fellow may attend meetings of the Medical Staff by invitation but shall not be allowed to vote at meetings of the Medical Staff or hold office.

Section 23 SCIENTIFIC RESEARCH STAFF

- (1) The Scientific Research Staff shall include individuals with a doctorate or a masters degree from a recognized university, who are recommended to the Medical Advisory Committee for appointment to the Scientific Research Staff by the joint agreement of the Department Head and the Administrator Responsible for research.
- (2) The Scientific Research Staff shall be divided into the following sub-categories:
 - (a) Active;
 - (b) Associate;
 - (c) Affiliate; and
 - (d) Assistant.
- (3) The Active Scientific Research Staff shall:
 - (a) consist of independent research scientists, customarily with a doctorate; and
 - (b) be required to attend Medical Staff meetings, serve on Committees and be entitled to vote.
- (4) The Associate Scientific Research Staff shall:
 - (a) consist of research scientists with a doctorate or a masters degree or an equivalent

degree; and

(b) not be entitled to vote, hold office or serve on Committees; they shall not be required to attend meetings.

(5) The Affiliate Scientific Research Staff shall:

(a) consist of outside scientists who have research association with a clinical or laboratory department and have a doctorate or a masters degree or an equivalent degree; and

(b) not be entitled to vote, hold office or serve on Committees; they shall not be required to attend meetings.

(6) The Assistant Scientific Research Staff shall:

(a) consist of salaried research scientists with a doctorate or a masters degree or an equivalent degree; and

(b) not be entitled to vote, hold office or serve on Committees; they shall not be required to attend meetings.

Section 24 SCIENTIFIC STAFF

(1) A scientist providing diagnostic services to the Hospital, whose expertise is considered to contribute significantly to the Vision, Mission and Core Values of the Hospital, may be named Scientific Staff.

(2) Members of the Scientific Staff may engage in research, education or, under the direction and responsibility of the appropriate Department Head, the treatment of patients.

(3) The Scientific Staff shall be divided into the following sub-categories:

(a) Active;

(b) Associate;

(c) Consulting; and

(d) Assistant.

(4) The Active Scientific Staff shall:

(a) include independent scientists with a doctorate; and

(b) be required to attend Medical Staff meetings, serve on Committees and be entitled to

vote.

- (5) The Associate Scientific Staff shall:
 - (a) consist of scientists with or without a doctorate; and
 - (b) not be entitled to vote, hold office or serve on Committees; they shall not be required to attend meetings.
- (6) The Consulting Scientific Staff shall:
 - (a) consist of outside scientists who are associated with a clinical or laboratory department and have a doctorate; and
 - (b) not be entitled to vote, hold office or serve on Committees; they shall not be required to attend meetings.
- (7) The Assistant Scientific Staff shall:
 - (a) consist of salaried scientists with a doctorate; and
 - (b) not be entitled to vote, hold office or serve on Committees; they shall not be required to attend meetings.

Section 25 HOUSE STAFF

- (1) The House Staff shall consist of medical graduates appointed on the recommendation of the University with the support of the Department Head and, if applicable, Division Head or Service Unit Head, in accordance with the prevailing arrangements with the University.
- (2) The University shall be responsible for the allocation of House Staff among the various Departments, Divisions and Service Units of the Hospital and shall be responsible for the utilization of House Staff in accordance with prevailing arrangements between the Hospital and the University. The University shall be responsible for the level of competence of members of the House Staff and for the assignment of rank and level of responsibility to the members of the House Staff.
- (3) A member of House Staff shall not admit or treat patients under his or her own name; all their medical acts shall be under the supervision of members of the Medical Staff and he or she may be required to undertake committee assignments and to participate in appropriate activities of Departments, Divisions and Service Units of the Medical Staff.

- (4) A member of the House Staff may attend meetings of the Medical Staff by invitation but shall not be allowed to vote at meetings of the Medical Staff or hold office.

Section 26 LOCUM TENENS

- (1) Locum Tenens staff shall consist of physicians who:
 - (a) temporarily act as a member of the Medical Staff.
- (2) Locum Tenens must be activated by the written request of an Active Staff member indicating the period of coverage.
- (3) A Locum Tenens shall:
 - (a) have admitting privileges unless otherwise specified;
 - (b) attend patients of the member of the Medical Staff who is being temporarily replaced;
 - (c) undertake such duties in respect of patients classed as emergency cases and patients of out-patient departmental clinics as assigned by his/her Department Head or by the Chief of Staff; and
 - (d) shall be eligible to attend meetings of the Medical Staff, his/her Department, his/her Division and his/her Service Unit.
- (4) Locum Tenens shall not:
 - (a) be eligible to vote at meetings of the Medical Staff or hold office; and
 - (b) be required to accept Committee assignments.

Section 27 MEDICAL STAFF DUTIES - GENERAL

- (1)
 - (a) Every member of the Medical Staff shall give the best possible care to patients in the Hospital.
 - (b) He or she shall cooperate with:
 - (i) members of the Medical Staff individually and collectively;

- (ii) the Chief Executive Officer/President;
- (iii) the Chief of Staff;

- (iv) the Department Head and, if applicable, the Division Head and the Service Unit Head, to which he or she has been assigned;
 - (v) the President of the Medical Staff;
 - (vi) the Medical Advisory Committee; and
 - (vii) the other members of the multi-disciplinary health team.
- (2) When responsible for a patient, the physician shall:
- (a) within 12 hours of admission of the patient, cause to be entered on the patient's medical record a summary of the pertinent clinical findings, and within 48 hours cause to be entered:
 - (i) the patient's medical history;
 - (ii) the findings of the physical examination made on the patient; and
 - (iii) a provisional diagnosis.
 - (b) visit the patient at least once in each 48 hour period or such other period as may be prescribed by the Medical Policies of his or her Department;
 - (c) cause a written progress note to be entered on the patient's medical record at least once in every seven days or such other period as may be prescribed by the Medical Policies of his or her Department;
 - (d) obtain a written consultation when indicated or required under the Act or under this By-law;
 - (e) obtain any consent required under the *Health Care Consent Act* (Ontario);
 - (f) comply with the Hospital's resuscitation policy;
 - (g) endeavour to obtain consent for organ and tissue donations;
 - (h) give notice of death as required by the *Coroners Act*;
 - (i) cause a copy of the medical certificate of death as required by the *Vital Statistics Act* (Ontario) to be filed in the patient's medical record, and, if a medical certificate of

death is not provided by coroner as required by the *Coroners Act* complete a report in the form prescribed under the Act and cause a copy to be filed in the patient's medical record; and

- (j) cause the patient's medical record to be completed within seven days after the patient's discharge from the Hospital.
- (3) Each member of the Medical Staff may be requested to give such instruction for the training of other members of the Medical Staff, nurses, technologists and undergraduate students as may be required by the Hospital's educational program.
- (4) (a) A member of the Medical Staff may delegate his or her responsibilities under sections 27(2)(b), (c) and (j) to another physician with admitting privileges.
- (b) Whenever the primary attending responsibility for the care of a patient is permanently transferred to another member of the medical staff or to another division of the medical staff, the patient shall be advised and a written notification shall be made in the patient's record. The physician to whom responsibility has been transferred will be notified in accordance with the rules and/or policies of the department/division.

Section 28 OBLIGATORY CONSULTATIONS

The Medical Advisory Committee shall establish Medical Policies to govern obligatory consultations.

PART III DEPARTMENTS AND DIVISIONS OF MEDICAL STAFF

Section 29 DEPARTMENTS

- (1) The Board, on the advice of the Medical Advisory Committee, may divide the Medical Staff into Departments.
- (2) The Board may, at any time, upon the recommendation of the Medical Advisory Committee and the Vice President, Medical Affairs, establish additional Departments or abolish Departments.
- (3) Each Department shall hold at least ten monthly meetings in each calendar year.

Section 30 APPOINTMENT OF DEPARTMENT HEADS

- (1) The Board, upon the recommendation of the Medical Advisory Committee, shall appoint or reappoint a member of the Active Staff or a person eligible for appointment to the Active Staff to be the Department Head for each Department. The Board may also suspend or revoke the appointment of the Head of a Department on the recommendation of the Medical Advisory Committee.
- (2) (a) A Selection Committee shall be established and composed of:
 - (i) the Chief of Staff who shall be the Chair;
 - (ii) two representatives of the Department concerned who shall be selected by the Active Staff of the Department by a two-thirds majority where there are more than ten such members in the Department or, otherwise by a simple majority; if the required majority cannot be obtained, the two representatives shall be selected in such other manner as the Medical Advisory Committee shall determine;
 - (iii) two members of the Medical Advisory Committee elected by the Medical Advisory Committee, neither of whom shall be a member of the Department concerned;
 - (iv) the Chief Executive Officer/President;
 - (v) if there is a corresponding University department, the Dean of the Faculty of Medicine of the University;
 - (vi) a member of the Board named by the Executive Committee of the Board; and
 - (vii) with the consent of the Medical Advisory Committee and on the recommendation of the Chief Executive Officer/President, other members of the health care team or administration.
 - (viii) where there is a Joint Selection Committee (University and Hospital), the membership of the committee should reflect The Ottawa Hospital Medical, Dental & Midwifery By-law and the University of Ottawa By-law.
- (b) The Selection Committee shall invite applications from qualified persons.
- (c) The Selection Committee may, if it deems it advisable, seek the advice of physicians of repute who are not members of the Medical Staff about suitable candidates.

- (d) The Selection Committee shall invite all members of the Department concerned to submit recommendations and nominations in writing.
 - (e) The Selection Committee shall present its recommendations to the Medical Advisory Committee and the Medical Advisory Committee shall make its recommendations to the Board.
- (3) (a) The Department Head shall, subject to annual confirmation, be appointed for a term of five years. At the end of the five-year term, a formal review pursuant to section 34 should be established, if the incumbent wishes to continue in that position for a further term.
- (b) Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as a Department Head.
- (4) (a) Where necessary, the Chief of Staff through the Medical Advisory Committee shall recommend to the Board an Acting Head of a Department.
- (b) The appointment shall be for a period not to exceed 12 months, subject to reappointment, and may continue until a replacement is identified.
 - (c) The responsibilities of an Acting Head of Department shall be those of a Head of Department.

Section 31 DEPARTMENT HEADS - GENERAL

- (1) A Department Head shall:
- (a) be responsible to the Chief of Staff for the quality of medical diagnosis, care and treatment of all patients in his or her Department;
 - (b) ensure appropriate on site management at each site where the Department is located;
 - (c) facilitate clinical education and research programs within his or her Department;
 - (d) be responsible for all members of his or her Department and make recommendations to the Medical Advisory Committee regarding their appointment, reappointment, promotion and any disciplinary action to which they should be subject;
 - (e) sit on the Medical Advisory Committee;

- (f) in consultation with members of the Department, name a deputy who shall assume his or her duties in his or her absence;
- (g) call at least ten monthly meetings of the staff of his or her Department in each calendar year and cause minutes and records of attendance to be kept for each meeting; and
- (h) ensure that an impact analysis for potential new members has been prepared, reviewed and approved by the Chief Executive Officer/President before commitment is made to an applicant.

Section 32 DIVISIONS

The Board may, upon the recommendation of the Medical Advisory Committee and the Vice President, Medical Affairs, establish, within Departments, such Divisions as it deems fit and it may, upon the recommendation of the Medical Advisory Committee, abolish such Divisions.

Section 33 APPOINTMENT OF DIVISION HEADS

- (1) The Board, upon the recommendation of the Medical Advisory Committee, shall appoint or reappoint a member of the Active Staff or a person eligible to be a member of the Active Staff to be the Division Head for each Division. The Board may also suspend or revoke the appointment of the Head of a Division on the recommendation of the Medical Advisory Committee.
- (2) (a) A Selection Committee composed of the following persons shall be established:
 - (i) the Department Head concerned shall be the Chair;
 - (ii) one member of the Medical Advisory Committee elected by the Medical Advisory Committee, who shall not be a member of the Department concerned;
 - (iii) the Chief Executive Officer/President;
 - (iv) if there is a corresponding University division, the Dean of the Faculty of Medicine of the University or his or her delegate;
 - (v) one representative of that Division if it consists of not more than nine Active Staff members or two representatives of that Division if it consists of ten or more Active Staff members, who shall be selected by the Active Staff of the

Division by a two-thirds majority where there are more than ten such members in the Division or, otherwise by a simple majority; if the required majority cannot be obtained, the representative or representatives shall be selected in such other manner as the Medical Advisory Committee shall determine;

- (vi) with the consent of the Medical Advisory Committee on the recommendation of the Chief Executive Officer/President, another member of the health care team or administration concerned, other than a member of the Medical Staff; and
 - (vii) where a Division is being created, the Medical Advisory Committee will appoint two potential members of the Division.
 - (viii) where there is a Joint Selection Committee (University and Hospital), the membership of the committee should reflect The Ottawa Hospital Medical, Dental & Midwifery By-law and the University of Ottawa By-law.
- (b) The Selection Committee shall follow the procedure in section 30(2)(b) to (e), *mutatis mutandis*.
- (c) Where the appointment or reappointment of a Division Head concerns a physician who is also the Department Head, the responsibilities of the Department Head under section 33(2)(a)(i) shall be fulfilled by the Chief of Staff.
- (3) (a) The Division Head shall, subject to annual confirmation, be appointed for a term of five years. At the end of the five-year term, a formal review pursuant to section 34 should be established, if the incumbent wishes to continue in that position for a further term.
- (b) Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as a Division Head.
- (4) (a) Where necessary, the Department Head shall recommend to the Medical Advisory Committee an Acting Head of a Division.
- (b) The appointment shall be for a period not to exceed 12 months, subject to reappointment, and may continue until a replacement is identified.
- (c) The responsibilities of an Acting Head of Division shall be those of a Head of Division.

Section 34 REVIEW COMMITTEE COMPOSITION FOR DEPARTMENT/DIVISION HEADS

(1) The Review Committee shall consist of:

- (a) the Chief of Staff who shall be the Chair for Department Heads review; however, when a Division Head is being reviewed the Head of the Department shall be the Chair instead of the Chief of Staff;
- (b) two representatives from the Hospital Department or Division concerned who shall be elected by the Active Staff of the Department or Division by a two-thirds majority where there are more than ten such members in the Department or Division or, otherwise by a simple majority;
- (c) an appointee of the Board for the Head of Department review;
- (d) two members of the Medical Advisory Committee elected by the Medical Advisory Committee for the Head of Department review and one member of the Medical Advisory Committee elected by the Medical Advisory Committee for the Head of Division review;
- (e) the Chair of the corresponding University department:
 - (i) when the Hospital Department Head under review is also the Chair of the corresponding University Department, then the Dean of the Faculty of Medicine of the University;
- (f) the Chief Executive Officer/President or delegate;
- (g) with the consent of the Medical Advisory Committee and on the recommendation of the Chief Executive Officer/President, other members of the health care team or administration;
- (h) Where there is consideration for an extension of a joint appointment, then the Review Committee membership should meet the requirements of The Ottawa Hospital Medical, Dental & Midwifery By-law and the appropriate University of Ottawa By-law.

(2) Establishment of the Review Committee:

- (a) one year prior to the end of the five-year term of a Head of a Department/Division, the Chief of Staff for a Department Head and the Department Head for a Division Head, shall ask in writing if the incumbent wishes to continue in that position for a further period:

- (i) if the written response is affirmative, the appropriate Review Committee will be struck to review before the 5-year term has elapsed;
 - (ii) if the written answer is negative, the appropriate Search Committee will be struck.
- (b) the Chief of Staff for a Department Head or the Department Head for a Division Head, may recommend the extension of the existing Head until a replacement has been found.
- (3) Duties of the Review Committee:
- (a) review the appointment of an incumbent Head of a Department or Division not less than six months before the end of the current 5-year appointment as Head;
 - (b) notwithstanding Section 2(a) above, meet at any time to review any appointment on the direction of the Chief of Staff who shall provide written reasons to the Review Committee indicating why the review has been ordered;
 - (c) review and assess the stewardship of the Head;
 - (d) if deemed advisable, seek and consider the advice of not more than three physicians of national repute who are not members of the Medical Staff and who may sit with the Review Committee but shall not vote; and
 - (e) forward its recommendation to the Medical Advisory Committee. The Medical Advisory Committee shall then make a recommendation to the Board;
 - (f) if a Review Committee is going to recommend to the Medical Advisory Committee the termination of the Head or that a Head not be reappointed, a written notice of such recommendation shall be given by the Review Committee to the Head concerned, together with reasons. The Head shall, if he or she so requests in writing within ten days of the receipt of the notice from the Review Committee, be entitled to attend and make presentations to the meeting of the Medical Advisory Committee, which considers the recommendation of the Review Committee;
 - (g) If the Medical Advisory Committee is going to recommend to the Board the termination of a Head, or that a Head not be reappointed, a written notice of such recommendation shall be given by the Medical Advisory Committee to the Head concerned, together with reasons. The Head shall, if he or she so requests in writing within ten days of the receipt of the notice from the Medical Advisory Committee, be entitled to hearing before the Board.

Section 35 DIVISION HEADS - GENERAL

- (1) A Division Head shall:
 - (a) be responsible to his or her Department Head and to the Chief of Staff for the quality of medical diagnosis, care and treatment of all patients in his or her Division;
 - (b) ensure appropriate on site management at each site where the Division is located;
 - (c) facilitate clinical education and research programs within his or her Division;
 - (d) be responsible for all members of his or her Division and make recommendations to the Medical Advisory Committee regarding their appointment, reappointment, promotion and any disciplinary action to which they should be subject;
 - (e) in consultation with members of the Division, name a deputy who shall assume his or her duties in his or her absence; and
 - (f) ensure that an impact analysis for potential new members has been prepared, reviewed and approved by the Chief Executive Officer/President before commitment is made to an applicant.

Section 36 SERVICE UNITS

The Board may, upon the recommendation of the Medical Advisory Committee and the Vice President, Medical Affairs, establish, within the Hospital, such Service Units as it deems fit and it may, upon the recommendation of the Medical Advisory Committee, abolish such Service Units.

Section 37 APPOINTMENT OF SERVICE UNIT HEADS

- (1) The Board, upon recommendation of the Medical Advisory Committee, shall appoint or reappoint a member of the Active Staff or a person eligible to become a member of the Active Staff, to be the Service Unit Head for each Service Unit. The Board may also suspend or revoke the appointment of the Head of the Service Unit on the recommendation of the Medical Advisory Committee.
- (2) (a) A Selection Committee composed of the following persons shall be established:

- (i) the Chief of Staff shall be Chair;
- (ii) up to four members of the Active Staff appointed by the Medical Advisory Committee, including at least one representative of the Service Unit who shall be selected by the Active Staff of the Service Unit by a two-thirds majority where there are more than ten such members in the Service Unit or, otherwise by a simple majority; if the required majority cannot be obtained, the representatives shall be selected in such other manner as the Medical Advisory Committee shall determine;
- (iii) the Chief Executive Officer/President;

- (iv) with the consent of the Medical Advisory Committee and on the recommendation of the Chief Executive Officer/President, another member of the health care team or administration concerned, other than a member of the Medical Staff; and
 - (v) where a Service Unit is being created, the Medical Advisory Committee will appoint two potential members of the Service Unit.
- (b) The Selection Committee shall follow the procedure in sections 30(2)(b) to (e), *mutatis mutandis*.
- (c) Where the appointment or reappointment of the Service Unit Head concerns a person who is also the Chief of Staff, the responsibilities of the Chief of Staff under section 37(2)(a)(i) shall be fulfilled by the Vice-Chair of the Medical Advisory Committee.
- (3) (a) The Service Unit Head shall, subject to annual confirmation, be appointed for a term of five years.
- (b) Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as a Service Unit Head.
- (4) (a) Where necessary, the Chief of Staff through the Medical Advisory Committee shall recommend to the Board an Acting Head of a Service Unit.
- (b) The appointment shall be for a period not to exceed 12 months, subject to reappointment, and may continue until a replacement is identified.
- (c) The responsibilities of an Acting Head of Service Unit shall be those of a Head of a Service Unit.

Section 38 SERVICE UNIT HEADS - GENERAL

- (1) A Service Unit Head shall:
- (a) be responsible to the Chief of Staff for the quality of medical diagnosis, care and treatment of all patients in his or her Service Unit;
 - (b) ensure appropriate on site management at each site where the Service Unit is located;
 - (c) facilitate clinical education and research programs within his or her Service Unit;

- (d) be responsible for all members of his or her Service Unit and make recommendations to the Medical Advisory Committee regarding their appointment, reappointment, promotion and any disciplinary action to which they should be subject; and
- (e) in consultation with members of the Service Unit, name a deputy who shall assume his or her duties in his or her absence.

Section 39 CHIEF OF STAFF

- (1) The Board, upon the recommendation of the Medical Advisory Committee, shall appoint a member of the Active Staff or a person eligible to be a member of the Active Staff, other than a Department Head or the head of a department of the Faculty of Medicine of the University, to be Chief of Staff. The Board may also suspend or revoke the appointment of the Chief of Staff on the recommendation of the Medical Advisory Committee.
- (2) (a) A Selection Committee shall be established and composed of:
 - (i) a Governor, who shall be chair;
 - (ii) two members of the Medical Advisory Committee;
 - (iii) the Administrator Responsible for Nursing;
 - (iv) the Chief Executive Officer/President; and
 - (v) such other members as the Board deems advisable.
- (b) The Selection Committee shall invite applications from qualified persons.
- (c) The Selection Committee may, if it deems it advisable, seek the advice of physicians of repute who are not members of the Medical Staff about suitable candidates.
- (d) The Selection Committee shall invite all members of the Medical Staff to submit recommendations and nominations in writing.
- (e) The Selection Committee shall present its recommendations to the Medical Advisory Committee and the Medical Advisory Committee shall make its recommendations to the Board.
- (3) (a) The Chief of Staff shall, subject to annual confirmation, be appointed for a term of five years.

- (b) Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as Chief of Staff.

- (4) The Chief of Staff shall:
- (a) supervise through and with the Department Heads and, if applicable, Division Heads and Service Units Heads, all medical care given to all patients within the Hospital;
 - (b) be responsible to the Board for the general clinical organization of the Hospital and the quality of care rendered;
 - (c) advise the Medical Advisory Committee with respect to the quality of medical diagnosis, care and treatment provided to the patients and out-patients of the Hospital;
 - (d) be Chair of the Medical Advisory Committee and of any Executive Committee of the Medical Advisory Committee;
 - (e) be an ex-officio member of all Committees that report to the Medical Advisory Committee;
 - (f) may where appropriate be the Acting Head of a Department, Division or Service Unit; and
 - (g) be a member of the Board.

DEPUTY CHIEF OF STAFF

- (1) The Board, upon the recommendation of the Medical Advisory Committee, shall appoint a member of the Active Staff or a person eligible to be a member of the Active Staff, other than a Department Head or the head of a department of the Faculty of Medicine of the University, to be Deputy Chief of Staff. The Board may also suspend or revoke the appointment of the Deputy Chief of Staff on the recommendation of the Medical Advisory Committee.
- (2)(a) A Selection Committee shall be established and composed of:
- (i) The Chief of Staff, who shall be chair;
 - (ii) a Governor;
 - (iii) two members of the Medical Advisory Committee;
 - (iv) the Administrator Responsible for Nursing;
 - (v) the Chief Executive Officer/President or delegate; and

- (vi) such other members as the Board deems advisable.
 - (b) The Selection Committee shall invite applications from qualified persons.
 - (c) The Selection Committee may, if it deems it advisable, seek the advice of physicians of repute who are not members of the Medical Staff about suitable candidates.
 - (d) The Selection Committee shall invite all members of the Medical Staff to submit recommendations and nominations in writing.
 - (e) The Selection Committee shall present its recommendations to the Medical Advisory Committee and the Medical Advisory Committee shall make its recommendations to the Board.
- (3) (a) The Deputy Chief of Staff shall, subject to annual confirmation, be appointed for a term of five years.
- (b) Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as Deputy Chief of Staff.
- (4) The Deputy Chief of Staff shall:
- (a) act on behalf of the Chief of Staff in his/her absence;
 - (b) assume other duties as determined by the Chief of Staff or the Board;
 - (c) be Vice-Chair of the Medical Advisory Committee.

Section 40 MEDICAL STAFF MEETINGS

- (1) (a) The annual meeting of the Medical Staff shall be held at the time and place stated in the Medical Policies.
- (b) The officers of the Medical Staff shall be elected by secret ballot, for a term of two years, with the results announced at the annual meeting of the Medical Staff.
- (2) Regular meetings of the Medical Staff shall be the meetings provided for in the Hospital Management Regulation.
- (3) (a) In the case of an emergency, the President of the Medical Staff may call a special meeting.

- (b) Upon the written request of any 50 members of the Active Staff, the President of the Medical Staff shall call a special meeting.
- (4) (a) All members of the Medical Staff shall be given at least ten days written notice of the time and place of all regular meetings of the Medical Staff.
- (b) Notwithstanding section 40(4)(a), a written notice, stating the nature of the business for which a meeting is called pursuant to section 40(3), shall be sufficient if it is given to each member of the Medical Staff at least three days prior to such meeting.
- (5) Twenty-five percent of the Medical Staff members entitled to vote shall constitute a quorum at any meeting of the Medical Staff.

Section 41 ELECTION OF MEDICAL STAFF OFFICERS

- (1) At least 30 days before the annual meeting of the Medical Staff, a call for nominations will be sent by e-mail to all eligible medical staff.
- (2) (a) Nominations shall be submitted to the Secretary-Treasurer within 14 days of the call for nominations.
- (b) Upon receipt of a nomination, the Secretary-Treasurer shall cause the name of the nominee to be added to the list referred to in Section 42(2)
- (3) Each nomination shall:
 - (a) be in writing;
 - (b) indicate the name of the Medical Staff member and the position for which the nomination is being made;
 - (c) be signed by at least two voting members of the Medical Staff; and
 - (d) bear the signature of the nominee, accepting the nomination.
- (4) If more than one member of the Medical Staff is nominated for a position, the one receiving the highest number of votes of the eligible members of the Medical Staff, as determined by secret mailed ballot prior to the annual meeting, shall be elected.
- (5) The position of any elected Medical Staff Officer which becomes vacant during the calendar year may be filled by the vote of the majority of the eligible members of the Medical Staff present, as determined by a secret ballot.

Section 42 DUTIES OF MEDICAL STAFF OFFICERS

- (1) The Officers of the Medical Staff are:
 - (a) President;
 - (b) Vice President; and
 - (c) Secretary-Treasurer.

- (2) The President of the Medical Staff shall:
 - (a) preside at all meetings of the Medical Staff;
 - (b) call special meetings of the Medical Staff;
 - (c) be a member of the Medical Advisory Committee;
 - (d) act as liaison officer between the Medical Staff and the Chief Executive Officer/President and the Board in all matters not assigned to the Chief of Staff;
 - (e) be an ex-officio member of all committees which report to the Medical Advisory Committee or to the Medical Staff; and
 - (g) be a member of the Board.

- (3) The Vice-President of the Medical Staff shall:
 - (a) assume the duties and responsibilities of the President of the Medical Staff when he or she is absent or unable to act, with the exception of the duties enumerated in Section 43(2)(a) to (e);
 - (b) perform the duties delegated to him or her by the President of the Medical Staff;
 - (c) be a member of the Medical Advisory Committee; and
 - (d) be a member of the Board.

- (4) The Secretary-Treasurer of the Medical Staff shall:
 - (a) be a member of the Medical Advisory Committee;
 - (b) attend to the correspondence of the Medical Staff;

- (c) give notice of Medical Staff meetings in accordance with section 40(4); and
- (d) assume the duties and responsibilities of the Vice-President when he or she is absent or unable to act.

PART IV MEDICAL ADVISORY COMMITTEE

Section 43 MEMBERSHIP

- (1) The following persons shall be members of the Medical Advisory Committee with voting privileges:
 - (a) the Chief of Staff, who shall be Chair;
 - (b) the Deputy Chief of Staff;
 - (c) the President of the Medical Staff;
 - (d) the Vice-President of the Medical Staff;
 - (e) the Secretary-Treasurer of the Medical Staff;
 - (f) Department Heads;
 - (g) the Head of the Dental Surgery Division;
 - (h) medical representative of the University of Ottawa Heart Institute appointed by the University of Ottawa Heart Institute Board; and
 - (i) Psychiatrist-in-Chief, the Rehabilitation Centre.
- (2) Members of the Medical Advisory Committee with voting privileges may appoint a delegate who will have voting privileges in their absence.
- (3) The following persons shall be members of the Medical Advisory Committee without voting privileges:
 - (a) the Chief Executive Officer/President;
 - (b) the Dean of the Faculty of Medicine of the University;
 - (c) the Administrator Responsible for Medical Affairs;

- (d) the Administrator Responsible for Nursing;
 - (e) the medical head of the Cancer Centre;
 - (f) Vice-President/Scientific Director of the Ottawa Health Research Institute;
 - (g) a representative of the House Staff selected by the Medical Advisory Committee;
 - (h) two members of the Hospital Board of Governors;
 - (i) a representative of the Professional Advisory Committee; and
 - (j) such other members of the Medical Staff of other health institutions as the Board may from time to time, upon recommendation of the Medical Advisory Committee, appoint.
- (4) members of the Medical Advisory Committee without voting privileges may appoint a delegates without voting privileges in their absence.
- (5) Where the Acting Department Head is also the Chief of Staff, the Medical Advisory Committee, upon the advice of such Department Head, shall name a member of the Department concerned to replace that Department Head at meetings of the Medical Advisory Committee.

Section 44 MEETINGS

- (1) The Medical Advisory Committee shall hold at least ten monthly meetings at the call of the Chair and shall keep minutes of its proceedings.
- (2) A majority of the members with voting privileges shall constitute a quorum at any meeting of the Medical Advisory Committee.

Section 45 DUTIES AND RESPONSIBILITIES

The Medical Advisory Committee shall:

- (1) having regard to the Vision, Mission and Core Values, make recommendations to the Board concerning:
 - (a) a medical human resource plan for the Hospital;

- (b) the allocation of Hospital resources;
 - (c) every application for appointment or reappointment to the Medical Staff, Dental Staff or Midwifery Staff;
 - (d) the Hospital privileges to be granted to each member of the Medical Staff, Dental Staff or Midwifery Staff;
 - (e) the by-law respecting the Medical Staff, Dental Staff and Midwifery Staff;
 - (f) Medical Policies respecting the Medical Staff, Dental Staff and Midwifery Staff;
 - (g) the revocation, suspension or restriction of hospital privileges of any member of the Medical Staff, Dental Staff or Midwifery Staff who contravenes any of the provisions of this By-law, or the Act or the *Health Insurance Act* (Ontario) or the regulations made under those Acts, or for any other valid and proper reason;
 - (h) the quality of medical, dental and midwifery care provided in the Hospital;
 - (i) the appointment of Department Heads, Division Heads and Service Unit Heads which report to the Chief of Staff; and
 - (j) the establishment of committees of the Medical Staff, which shall report to the Medical Advisory Committee, with responsibility for assessing and otherwise dealing with such matter or matters as are specified by the Medical Advisory Committee, including but not exclusively the following:
 - (i) executive;
 - (ii) credentials;
 - (iii) medical records;
 - (iv) infection control;
 - (v) medical, dental and midwifery by-law;
 - (vi) medical human resource planning;
 - (vii) clinical resource management;
 - (viii) quality monitoring;
 - (ix) committee-on-committees;
 - (x) pharmacy and therapeutics; and
 - (xi) cardiopulmonary resuscitation.
- (2) supervise the practice of medicine, dentistry and midwifery in the Hospital;
- (3) appoint the Medical Staff members of all Committees of the Medical Staff that are

- established by the Board;
- (4) receive reports from the Committees;
 - (5) advise the Board on any matter referred to it by the Board;
 - (6) if requested, appoint a member of the Medical Staff to advise the Hospital's Committee Responsible with respect to joint health and safety;
 - (7) report to the Medical Staff at each regularly scheduled meeting of the Medical Staff;
 - (8) report in writing to the Board at each regularly scheduled meeting of the Board, respecting the practice of medicine, dentistry and midwifery in the Hospital;
 - (9) The following persons shall be members of the Executive Medical Advisory Committee with voting privileges:
 - (a) the Chief of Staff, who shall be Chair;
 - (b) the President of Medical Staff;
 - (c) the Vice-President of Medical Staff;
 - (d) Department Heads;
 - (e) Psychiatrist-in-Chief of the Rehabilitation Centre; and
 - (f) medical representative of the University of Ottawa Heart Institute selected by the University of Ottawa Heart Institute Board.
 - (10) The following persons shall be members of the Executive Medical Advisory Committee without voting privileges:
 - (a) Chief Executive Officer/President; and
 - (b) Vice President, Medical Affairs.

Section 46 COMMITTEES OF THE MEDICAL STAFF

- (1) Unless otherwise provided by the Medical Advisory Committee:
 - (a) the members of Committees of the Medical Staff shall ideally be representative of all

Hospital campuses;

- (b) the Chair of Committees of the Medical Staff shall be appointed by the Medical Advisory Committee;
- (c) the Chief of Staff and the President of the Medical Staff shall be ex-officio members of all Committees, without the right to vote;
- (d) the members of a Committee shall choose from among their members a secretary, who shall keep minutes, record the attendance at each meeting of the committee, and submit a report of the business transacted to the Medical Advisory Committee at its next regular meeting;
- (e) Committees shall perform such duties as the Medical Advisory Committee may, from time to time, prescribe; and
- (f) 50% of the members of a Committee shall constitute a quorum.

Where representative members from the medical, dental, midwifery, scientific and scientific research staff are required, fair representation (e.g. gender) shall be considered. It is the responsibility of the Chief of Staff to ensure that committees have appropriate representation.

- (2) Committees may include persons not on the Medical Staff and whether or not employed at the Hospital.

PART V DENTAL STAFF

Section 47 GENERAL

- (1) Unless otherwise indicated, the provisions of Part II of this By-law apply to the Dental Staff and the terms "physicians" and "Medical Staff members" shall read "dentists" and "Dental Staff members", respectively.
- (2) Members of the Active Dental Staff who are an oral and maxillofacial surgeon may admit patients to the Hospital on their own authority. Members of the Active Dental Staff, other than oral and maxillofacial surgeons, may admit patients on the joint order of the dentist and a physician who is a member of the Active Medical Staff.
- (3) Members of the Dental Staff shall be entitled to attend and vote at Medical Staff meetings and to hold office.

Section 48 QUALIFICATIONS

- (1) Only a person qualified to practice dentistry pursuant to the laws of Ontario shall be eligible for appointment to the Dental Staff.

- (2) The applicant will have:
 - (a) certification by the Royal College of Dental Surgeons of Ontario;
 - (b) dental practice liability protection coverage acceptable to the Board; and
 - (c) specialty certification where indicated, including fellowship eligibility.

Section 49 DIVISION

- (1) The Dental Staff shall be a Division of the Department of Surgery.
- (2)
 - (a) The Division Head shall be appointed or reappointed in the manner set forth in section 33, *mutatis mutandis*.
 - (b) The Division Head of the Dental Surgery Division shall supervise the professional care given by all members of the Dental Staff and be responsible to the Head of the Department of Surgery, the Chief of Staff and the Medical Advisory Committee and ultimately the Board, for the quality of care given patients by members of the Dental Surgery Division and shall sit on the Medical Advisory Committee.

PART VI MIDWIFERY STAFF

Section 50 GENERAL

- (1) Unless otherwise indicated, the provisions of Part II of this By-law apply to the Midwifery Staff and the terms “physicians” and “Medical Staff members” shall read “midwives” and “Midwifery Staff members”, respectively.
- (2) Members of the Midwifery Staff may attend Medical Staff meetings but shall not be eligible to vote or hold office, other than Division Head of the Midwifery Division.

Section 51 QUALIFICATIONS

- (1) Only an applicant qualified to practise midwifery pursuant to the laws of the Province of Ontario is eligible to be a member of and appointed to the Midwifery Staff of the Hospital.

- (2) The applicant will have:
 - (a) a certificate of Registration with the College of Midwives of Ontario;
 - (b) a current certificate of Professional Conduct from the College of Midwives of Ontario; and
 - (c) midwifery practice liability protection coverage acceptable to the Board.
- (3) Second Attendants shall consist of Registered Nurses who shall be:
 - (a) licensed to practice nursing in Ontario;
 - (b) are employees of The Ottawa Hospital;
 - (c) meet the requirements of the College of Midwifery of Ontario; and
 - (d) have malpractice liability protection coverage under the Midwives' professional liability insurance coverage.

Section 52 DIVISION

- (1) The Midwifery Staff shall be a Division of the Department of Obstetrics, Gynecology and Newborn Care.
- (2)
 - (a) The Division Head of the Midwifery Division shall be appointed or reappointed in the manner set forth in section 33, *mutatis mutandis*.
 - (b) The Division Head of the Midwifery Division shall supervise the professional care given by all members of the Midwifery Staff and be responsible to the Head of the Department of Obstetrics, Gynecology and Newborn Care, the Chief of Staff and the Medical Advisory Committee and ultimately the Board, for the quality of care given patients by members of the Midwifery Division.

Section 53 MIDWIFERY STAFF CATEGORIES

- (1) The Midwifery Staff shall be divided into the following sub-categories:
 - (a) Active Staff;
 - (b) Associate Staff; and

- (c) Second Attendant.

Section 54 MANDATORY CONSULTATION/TRANSFER OF RESPONSIBILITY

Mandatory consultation with, or transfer of, responsibility to an obstetrician or pediatrician is required under certain circumstances as specified by the College of Midwives and the Medical Policies relating to the Midwifery Staff.

PART VII GENERAL PROVISIONS

Section 55 AMENDMENTS

Prior to submitting this Medical, Dental and Midwifery By-law to the process established in the Administrative By-laws for amending the By-laws, the following procedures shall be followed:

- (1) notice specifying the proposed amendment to this By-law shall be posted in the Hospital;
- (2) the Medical, Dental and Midwifery Staff shall be afforded an opportunity to comment on the proposed amendment; and
- (3) the Medical Advisory Committee shall make recommendations to the Board, concerning the proposed amendment.